

This form is also available at www.manulife.ca/GRO in the 'Manage your plan' section.



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GE927S

I wish to change my

- Language of correspondence Name Social Insurance Number Designated beneficiary
- Date of birth Marital status Address and phone number Trustee appointment (provinces other than Québec)
- Contribution rate and/or spousal split (RRSP & Structured RRSP only) I wish to make another type of change

All changes made to the province of employment with respect to pension plans should be completed by the group administrator/sponsor.

This form is applicable to:

- All plans DPSP EPSP FLEX MSMPPP NOREG QSP Structured RRSP
- RPP PRPP RRSP RRSPS TFSA VRSP Other Specify

Section 1 - Client/member information

Client no. RS	Certificate no. <input style="width: 100%;" type="text"/>	
Client name (Employer) <input style="width: 100%;" type="text"/>		
Member's last name <input style="width: 30%;" type="text"/>	First name <input style="width: 30%;" type="text"/>	Initials <input style="width: 30%;" type="text"/>
Social Insurance Number <input style="width: 100%;" type="text"/>	Personal e-mail address <input style="width: 100%;" type="text"/>	

Section 2 - Change request

Part A - Language of correspondence

- English Français

Part B - Name change

Former name <input style="width: 95%;" type="text"/>	New name <input style="width: 95%;" type="text"/>
Signature (former name) <input style="width: 100%;" type="text"/>	
This name change results from: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Other Specify <input style="width: 100px;" type="text"/>	

Note - Name change

Please submit supporting documents for all name changes except for marriage outside of Québec.

Part C - Social Insurance Number of the Member

Part D - Date of birth of the Member

Part E - Change of contribution rate and/or spousal split (Employee to complete for RRSP, Structured RRSP, VRSP, NOREG or TFSA only)

Effective on

Please deduct \$ or % from each pay, to be invested in this plan.

Please allocate % of my employee employer voluntary contribution to the spousal account (RRSP only).

I wish to cancel my spousal contribution (RRSP only)

Note - Beneficiary change

If you wish to change your beneficiary designation, remember to complete Part H - Change of designation beneficiary on the reverse side.

Part F - Revised marital status

Marriage Divorce Separation Other Specify

Spouse's last name <input style="width: 95%;" type="text"/>	First name <input style="width: 95%;" type="text"/>	Initials <input style="width: 95%;" type="text"/>
Spouse date of birth <input style="width: 100%;" type="text"/>		

Part G - Address

Home address (no., street, apt.) <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	Province <input style="width: 95%;" type="text"/>
Postal code <input style="width: 20%;" type="text"/>	Home telephone <input style="width: 30%;" type="text"/>	Business telephone <input style="width: 40%;" type="text"/>



Please return this form to The Manufacturers Life Insurance Company.

Part H - Change or appointment of designated beneficiary or TFSA successor holder

- All plans
- DPSP (Deferred Profit Sharing Plan)
- EPSP (Employee Profit Sharing Plan)
- FLEX (Flexible Pension Plan)
- RRSP (Registered Retirement Savings Plan) all accounts - to be completed by account owner
- NOREG (Non-Registered Savings Plan)
- MSMPPP (Manitoba Simplified Money Purchase Pension Plan)
- QSP (Québec Simplified Pension Plan)
- RPP (Registered Pension Plan)
- PRPP (Pooled Registered Pension Plan)
- VRSP (Voluntary Retirement Savings Plan)
- RRSPS (Spousal Registered Retirement Savings Plan)
- TFSA (Tax-Free Savings Account)
- Structured RRSP (Structured Registered Retirement Savings Plan) all accounts - to be completed by account owner
- Other Specify

Section 2 – Change request (continued)

Beneficiary information

In accordance with the terms and conditions of the above plan(s), I revoke all of my previous revocable beneficiary designations. In the event of my death, I designate the following person(s) to be the beneficiary(ies) of any amount due under my plan(s) on or after my death in accordance with the terms of the plan(s) in which I have an interest:

my estate or the following beneficiary(ies)

Primary beneficiaries

Last name	First name	Date of birth	Relationship	Entitlement %*
		Y Y Y Y M M D D		
		Y Y Y Y M M D D		
		Y Y Y Y M M D D		

*Must equal 100%

Complete if beneficiary is your spouse (for Québec applicants only)

In Québec, the designation of your legally married spouse or civil union spouse as beneficiary is irrevocable, unless otherwise specified as provided for below. If you name your spouse, a revocable designation will facilitate any future request for a change of beneficiary. An irrevocable designation will not allow you to withdraw any funds from your plan account nor can an irrevocable designation be changed unless the beneficiary signs a Waiver of rights form.

My beneficiary designation is **revocable**

or My beneficiary designation is **irrevocable**
(read the paragraph above carefully before making this selection)

Employee/member signature

Employee/member signature

If your designated beneficiary dies before you, we will pay the benefits from your plan to any surviving beneficiary or, if none, to your estate.

Contingent beneficiaries

Last name	First name	Date of birth	Relationship	Entitlement %*
		Y Y Y Y M M D D		
		Y Y Y Y M M D D		
		Y Y Y Y M M D D		

TFSA Successor holder information

In accordance with the terms and conditions of my TFSA, I revoke any previous successor holder appointment. In the event of my death, I hereby designate my spouse or common-law partner, as defined in the Income Tax Act (Canada), to become the successor holder of my TFSA account upon my death.

Last name	First name	Initials
Home phone	Work phone	
Date of birth	SIN	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

I understand that this appointment will not apply if the person named above is no longer my spouse or common-law partner at the time of my death or if he/she predeceases me.

Appointment of trustee (for provinces other than Québec)

In the event my beneficiary is a minor at the time the death benefit is payable, I appoint the following person as trustee to receive such funds on behalf of the beneficiary, to hold these funds until my beneficiary attains the majority age and to give a valid discharge to Manulife for such payment:

Last name	First name	Initials
Home address (no., street, apt.)		
City	Province	Postal code
Home telephone	Business telephone	
Employee/member signature		

Note:

If your successor holder dies before you, we will pay the benefits from your plan to any surviving beneficiary or, if none, to your estate.

Nomination is valid if it is in accordance with the applicable legislation.

Part I – Other changes

Section 3 – Signature

I understand that the personal information you collect will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information given is true, correct and complete, to the best of my knowledge.

Employee/member signature (mandatory) Print name Date Y Y Y Y M M D D

Section 4 – For use by group program administrator/sponsor

Province of employment	Effective date of change
Signature	Date

Got something to send to us?

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Not signed up yet?

Access your savings anytime, using our secure website. Go to Manulife.ca/GRO and click 'Sign in' to get started. You'll need your user ID and password to join. Your user ID was in the welcome letter you received when you joined your company's plan. Your password was sent in a separate letter.

Mailing instructions

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